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FOR FY 2009 First Named Inventor Selichi Kusano Examiner Name C. M. Russell	·	Application Nu						
Applicant claims small entity status. See 37 CFR 1.27	FEE TRANSMITTAL			Filing Date		 		
Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (5) 1,300.00 Attorney Docket No. 80420(302760) METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): X Deposit Account Deposal Account Number O4-1105 Deposit Account Deposal Account Number O4-1105 X Deposit Account Deposal Account Number O4-1105 X Credit Card Money Order O4-1105 X Credit Card Money Order O4-1105 X Deposit Account Deposal Account Number O4-1105 X Credit Card Card Card Money Order O4-1105 X Credit Card Card Card Card Card Card Card Card	For EV 2009							
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Total Calculation Deposit Account Number Q4-1105 Deposit Account Name Edwards Angell Palmer & Dodge LLP	METHOD OF PAYMENT (check all that apply)							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below	Check Credit Card Money Order None Other (please identify):							
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X Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 X Credit any overpayments X Credit any credit X Credit	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Tee(s) under 37 CFR 1.16 and 1.17 Tee	x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Application Type								
Page	FEE CALCULATION							
Name	1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Design 220		FI						
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Plant	Utility	330	165 54	270	220	110		
Reissue 330 165 540 270 650 325 Provisional 220 110 0 0 0 0 0 0 0 2. EXCESS CLAIM FEES	Design	220	110 10	50	140	70		
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Signature Sign	Reissue	330	165 54	270	650	325		
Fee Sec	Provisional	220	110	0 0	0	0		
Each claim over 20 (including Reissues) Each lindependent claims over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (2. EXCESS CLAIM FEES Small Entity							
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##P = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Total Sheets** Extra Sheets** Number of each additional 50 or fraction thereof** Fee (\$) Fee Paid (\$)	Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
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	Signature	misu	h		34,129	Telephone	(202) 478-7376	
	Name (Print/Type)	William L. Brooks				Date	April 7, 2009	